

ATTACHMENT D

Town of Ashburnham
Senior Citizen Property Tax Work-off Abatement Program
(M.G.L. ch. 59 §5K)

Certificate of Completion of Volunteer Services

TO: Board of Assessors

I hereby certify that _____, the owner of a parcel at
(Taxpayer's Name)
_____, has completed _____ hours of volunteer work
(Property Address)
To be credited toward the fiscal year _____ tax assessed on the parcel at the address noted above at
the rate of \$ _____ per hour. The abatement amount earned as of today is \$ _____.

Signature of Town Administrator Date

Assessors' Use Only

Abatement Earned (\$1500 max) \$ _____ Parcel ID # _____
Plus: Social Security \$ _____
Plus: Medicare/FICA \$ _____

**Total charged to Overlay Account (includes
municipal share of social security and FICA)**

\$ _____

Total Net Abatement Credited to Tax Bill

\$ _____

TO: Town Treasurer

Please issue a payroll (Soc. Sec. + FICA only) to the above-named property owner in the amount of \$ _____ for
the abatement earned pursuant to the STW Abatement Program and charge said earnings to the Allowance for
Abatements and Exemptions account (overlay) for Fiscal _____.

Signature of Assessor Date

Signature of Assessor Date

Signature of Assessor Date

I acknowledge that a payroll (Soc. Sec. + FICA only) was processed on _____ for the above named
(date)
property owner of parcel ID # _____.

Signature of Treasurer

Date

☐ Copy Town Administrator

☐ Copy Assessors Office

☐ Copy Treasurer/Collector